

nih record



ABOVE • Transportation fair offered alternatives to driving alone, as well as giveaways. See more photos from the event, page 12.

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Take a Number and Wait

How NIH Buildings Got Their Names

By Belle Waring

Depending on how you count—whether you include parking structures or trailers—there are upwards of 80 buildings on the NIH reservation. Each is assigned a number, but a quarter of them also have names.

Ever wonder how that happened? For some, the naming process required a sequence of departmental memos and letters to counsel. Others were dubbed according to popular usage. And for others, it took an act of Congress.



Take Bldg. 1. (Confidential to folks tethered far from the mothership: Bldg. 1 has the superimposed portico, the genteel lunchroom and the flagpole in front.) Although its cornerstone was laid in 1938, it wasn't until 1983 that Bldg.

SEE NIH BUILDING NAMES, PAGE 6

Rhonda Proctor and Bobbie Tucker of NIH Events Management enjoy lunch on the "steps" of Bldg. 45's east side.

Another Roadmap Emerges on Campus—Establishes Direction for NIH Police

By Jan Ehrman

A thoroughly designed, well-constructed roadmap will usually take you down the proper path—whether your goal is to take a much-needed trip or achieve some life-long dream. Of more interest to the NIH community is a new, comprehensive management plan initiated by the NIH Division of Police, a component of the Office of Research Services.

On June 26, Police Chief Alvin Hinton presented hard copies of the roadmap—which has moved from the “thought” stage to “development” over the past 2 years—to his division’s supervisors, management and staff. The plan, based on a structured approach to management and improvement, is the brainchild of Hinton and Deputy Chief Robert “Dan” Fuller.

“It’s a well-developed, fully thought-out articulation of our direction that has been received really well by our employees,” said Fuller. “It includes key initiatives previously identified

SEE POLICE MAP, PAGE 4

For CSR’s Radtke, NIH-Based Fiction Comes True

As the romance novel *Grant Denied* opens, the heroine’s application to NIH has been turned down. She confronts the scientific review administrator “Grant Norris” on the phone then barges in to see him. But he is “not at all like the monster she’d expected to challenge. He was young, athletic and handsome, and he looked good in khaki pants, a silk shirt and a bright tie.”

The applicant impresses too: “...He debated whether he should hold her for security...”

There are ups and downs along the way, but the book ends with Grant belatedly declaring his love for Eve, the former grant applicant. “Eve rested her head against Grant’s shoulder and allowed her tears of joy to flow. No longer worried, no longer alone, she felt her spirit soar. She’d found her true love.”

Fiction, yes, but the novel includes a dedication to a real scientific review administrator in the Center for Scientific Review: “For Dr.

SEE FICTION COMES TRUE, PAGE 8



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briefs

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NIH Sailing Association Open House

The NIH Sailing Association invites everyone to its open house on Saturday, July 30 from 10 a.m. to 3 p.m. at Selby Bay Sailing Center in Mayo, Md. Explore your interest in learning to sail and discover opportunities for sailing with NIHSA. There will be demonstration sails for adults in the club's 19-ft Flying Scot sailboats. Fall sailing classes begin Aug. 22; this is a good chance to preview the boats and meet the members. At the open house you can join the club and sign up for 6-week adult sailing class. Directions to the event are on the club's web site: www.recgov.org/sail. Come check it out—sailing, food, drinks and beer for \$5 per person.

Hubbard Promoted To Rear Admiral

Dr. Van S. Hubbard has been promoted to the rank of rear admiral in the Public Health Service. He is one of only eight individuals currently at the level of flag officer at NIH. He is director of the NIH Division of Nutrition Research Coordination and associate director for nutritional sciences at the National Institute of Diabetes and Digestive and Kidney Diseases. In these roles, he is responsible for the development of research initiatives and management of research programs related to the nutritional sciences and obesity. In addition, Hubbard serves as senior advisor to the Secretary of HHS on obesity. He also has participated in the PHS's Disaster Medical Assistance Team since 1987 and currently serves as commander of this resource.



R&W President Schools Honored

Randy Schools, president and CEO of the R&W Association for NIH and NOAA, was recently recognized as 2006 General Member of the Year by the Employee Services Management Association. He earned the honor for outstanding contributions of time and expertise to ESMA. He is a certified employee services professional whose affiliation with ESMA has lasted almost 3 decades, including a year (1990) as president and 7 years on its national board of directors. He is currently a trustee of ESMA's foundation, which funds education and research projects.

Annual Diggs Lecture and Poster Session Set

The 11th annual John W. Diggs Lecture and scientific poster session will be held on Friday, July 28 from 11:30 a.m. to 3 p.m. in Lipsett Amphitheater, Bldg. 10. For more information, contact Kay Johnson Graham, (301) 451-0859 or johnsoka@od.nih.gov. For reasonable accommodation, call Carlton Coleman, (301) 496-2906 or (301) 451-2290 (TTY).

Correction

The June 30 issue of the NIH Record featured a story about NIH director Dr. Elias Zerhouni's recent speaking engagements before NIH stakeholders. The story incorrectly reported the current percentage of unsolicited versus solicited research funded by NIH. The correct values are 93 percent unsolicited and 7 percent solicited.

Recent Heavy Storms Cause Major Campus Damage

The unusually heavy rainstorms June 25-26 caused significant flooding and water damage on NIH's Bethesda campus, according to Juanita Mildenberg, acting director of the Office of Research Facilities. The building maintenance crews received so many calls during the wet weather that a triage system had to be enacted.

"This had more impact than Hurricane Isabel, mainly due to the duration and hardness of the rains," she said. "Because the grounds were saturated in many places, we experienced a lot of run-off that eventually found its way into many of our buildings."

By far the most widespread problem was water getting into the elevator shafts of quite a few campus buildings. The elevator pits are the lowest destination in buildings, Mildenberg explained, so water that seeps into the building automatically collects in them.

Elevators in Bldgs. 2, 14A and 13 were shut down until water could be drained from the shafts and the areas could be dried. About 1,500 gallons of water had collected in Bldg. 13 alone.

ORF crews also found roof and sewer drains that leaked or got clogged, causing the water to pool in some areas. In some cases, roof drains had been improperly sealed by contractors, or sand—put down in winter to help passage on icy roads—caused storm drains to back up.

Also affected was Bldg. 10, where the old ACRF garage and some corridors on the B2 level took on water. In addition, water from the Clinical Center roof leaked into some areas of the building from the 13th floor down to the 7th floor, which caused the fire alarm system to shut down. As is the procedure during an outage of the alarm system, ORF crews conducted walk-by inspections of the building in case of fire.

Although the water damage was extensive in several areas, Mildenberg said no injuries were reported. Crews are still determining how much if any research or research-related equipment was damaged as a result of the flooding. As of *Record* press time, most of the clean-up had concluded.

Working with the NIH Division of Occupational Safety and Health, ORF crews determined that to prevent mold and mildew buildup that can cause illness, any environment with wet carpeting must be completely dried out within 48 hours, or the flooring would have to be replaced.

Mildenberg said ORF staff and contractors alike worked diligently around the clock to meet that deadline and succeeded overall. "Everything is pretty much dried out now," she concluded. "Despite the severity of the storms, our teams from ORF and the Office of Research Services really responded well."—Carla Garnett

Seminar Addresses Film On Pediatric Cancer

Dr. Crystall Mackall (l), acting chief, NCI Pediatric Oncology Branch, and Dr. Lori Wiener, coordinator, Pediatric Psychosocial Support and Research Program, NCI, spoke on a panel about advances in pediatric cancer at a media seminar June 15 at the Children's Inn. The seminar addressed issues raised by a documentary on children's cancer that aired on PBS June 21-22. The film, A Lion in the House, chronicled the life of five children and their 6-year battle with cancer. To watch the seminar, visit www.videocast.nih.gov.



Noel Accepts Another Role

Dr. Pierre Noel, chief of hematology in the Clinical Center, has accepted a detail to be acting associate director for security and emergency response (SER) in the Office of Research Services. SER responsibilities include police, fire, continuity of operations planning, homeland security issues and other security operations. Noel has been an Air Force Special Operations Command flight surgeon and an advisor on weapons of mass destruction, disaster planning and biodefense. Last year, in the wake of Hurricane Katrina, he flew with an NIH team to Mississippi to set up an acute care facility as a part of the relief effort. He most recently has been appointed to lead NIH's team for the pandemic flu continuity of operations plan (see NIH Record, Mar. 10, 2006). Noel will serve in the SER role until Nov. 1 and will also help lead the effort to recruit a new, permanent SER associate director, said Colleen Barros, NIH deputy director for management.

POLICE MAP

CONTINUED FROM PAGE 1

as issues by our (police) staff.” He added that the plan was a division-wide effort with contributions from all ranks. “It’s a process that will leave no doubt as to what we are trying to achieve and what contribution everyone must

make in achieving these things,” the deputy chief explained.

The structured approach is known as the “balanced scorecard.” Devised in the early 1990’s, it enables organizations to clarify their vision and strategy and propel their directives into action. Further, it provides a feedback system that promotes continuous improve-

ment and positive results—a goal long visualized by managers in the Division of Police. The balanced scorecard approach has previously been approved and used by the Department of Health and Human Services as a way of managing its resources and has been supported by ORS’s Office of Quality Management for the past several years.

At the June 26 event, Hinton outlined 7 specific objectives and the short-, mid- and long-term initiatives the division must accomplish to reap the benefit of planning efforts. High-level objectives include improving policies and procedures, implementing management information systems and improving overall operations.

The roadmap’s initiatives are aligned with the NIH mission and are tied to the broader goals of HHS, according to Hinton. “It’s all based on a compilation of input that we collected by going directly to the stakeholders—that is, our management and staff. Never before has it been documented in a format that establishes priorities and will be the keystone of our organization,” he added. “It sets the principles in place and says ‘Here is the direction we have to move forward.’”

The roadmap includes plans to staff the division to authorized levels and provide relevant staff training. For example, Fuller said, “We would like to bring a hazardous material response team on line. Our staff has not been fully trained for this—it’s something both the chief and I believe is important to fulfill our mission.”

The Division of Police currently consists of 87 sworn police officers and approximately 18 support employees working in three branches: Police Operations, providing patrol, K-9 officers and criminal investigators; Guard Operations, managing the contracted guard services force that supports perimeter security; and Support Services, which manages inventory, supplies and training needs of the division and provides Emergency Call Center services for the campus.

Both Hinton and Fuller agree that the roadmap will be instrumental in enhancing the work of the division and will ultimately help improve safety and security of the NIH community.

The Division of Police strategic plan is located online at http://ser.ors.od.nih.gov/div_police.htm. 📄



Police Chief Alvin Hinton presents a copy of the new roadmap to colleague Karen Heflin.



Dr. Peter Rosenbaum of the CanChild Centre for Childhood at McMaster University speaks at a recent ORWH caregivers seminar.

ORWH Caregiving Seminar: Unique Challenges and Rewards

By Marsha Love

“Caregivers’ lives are complex and their health and well-being are at risk,” said Dr. Peter Rosenbaum, professor of pediatrics and co-director of the CanChild Centre for Childhood at McMaster University. He spoke at the recent ORWH Caregivers seminar, part of the Women’s Health Seminar series. He described ways care systems can affect families. According to Rosenbaum, better caregiving is associated with better outcomes for the entire family. CanChild Centre focuses on family-centered care that serves children with special needs. “We need to focus on patterns of caregiving in families, perceptions in families and on the protective factors in family-centered caregiving,” Rosenbaum emphasized.

Going beyond the family setting with young children and looking at the situation created by aging baby boomers and increased life spans, Dr. Sharon Lewis, professor, Schools of Nursing and Medicine, University of Texas Health Science Center, described the emotional and biological issues involved with caregiving. Calling caregivers “the hidden victims,” Lewis said the U.S. is having a “caregiving crisis” and that “44 million Americans now provide care to a family member.” Additionally, 80 percent of long-term care is provided by family caregivers, and this, she said, is “a journey for which most of us are unprepared.”

Lewis described the many uncertainties that face caregivers, including a deep sense of sadness at the “loss” of a partner and a range of other psychological, social and economic difficulties. To counteract these pressures, Lewis described her 8-week multifaceted program that includes looking carefully at the caregiver’s quality of life from both a physical and emotional level. She found both gender and ethnic differences in levels of stress among the caregivers. White female children were the most



Dr. Anne Wilkinson of the Center for Palliative Care Studies, RAND Health, says changes in U.S. health over the past century have created a unique need for caregivers.

stressed and males did the best in viewing caregiving as a “business task.”

Caregiving at end-of-life has its own unique set of issues. Dr. Anne Wilkinson, director of the Center for Palliative Care Studies, RAND Health, discussed how a century of change in the health of this country has created a unique need for caregivers.

In 1900, with an overall life expectancy of 46 years, most people died without years of disability. Today, with an overall life expectancy of more than 78 years, there can be substantial and long-term disability. Adding to the complexity of end-of-life care is the fact that 70 percent of those needing assistance are women 75 years or older who have few financial resources. Wilkinson stressed the great need for our health care system to reflect differences in the course of illness so that a substantial caregiving system can be created.

Finally, Chloe JonPaul described her personal experiences as a caregiver that began over 30 years ago with her grandparents. Ultimately, she also took care of both of her parents. She emphasized the importance of nurturing yourself if you are a caregiver and using humor, spirituality, meditation and music to accept your role. As the Maryland state representative for the National Family Caregivers Association, JonPaul said taking care of your own needs is “a caregiver’s right as a person and not a luxury.”

The next Women’s Health Seminar will be “Diabetes” on Thursday, Nov. 2 in Lipsett Amphitheater, Bldg. 10. 📍



NIH BUILDING NAMES

CONTINUED FROM PAGE 1

Above left:

The Lister Hill Center for Biomedical Communications, Bldg. 38A, at sunset (image courtesy of the National Library of Medicine)

Above right:

Bldg. 16, the Lawton Chiles International House, is also known as “Stone House.”

1 was named for Dr. James A. Shannon (NIH director, 1955-1968). And although the name was not established by public law, it took some doing. According to departmental memos, “policy was negative towards naming a building on the NIH reservation for a living person.” Officials ultimately agreed to declare an exception “to honor a noted, living individual” and Bldg. 1 was named to reflect Shannon’s contribution, during his lifetime.

Bldg. 10 is twinned, bearing two separate names, both of which were established by public law. On the south side, it’s called the Warren Grant Magnuson Clinical Center, while on the north it’s the recently opened Mark O. Hatfield Clinical Research Center. Magnuson was a U.S. representative and a senator from Washington state. Hatfield was a senator from Oregon. Both men supported medical research throughout their careers. The Hatfield CRC, dedicated in 2004, houses new inpatient units and research labs; it connects to Magnuson, which opened its doors to patients in 1953 (but did not get the Magnuson name until October 1981). Together, the Magnuson and Hatfield centers form the Clinical Center, the world’s largest clinical research complex.

Bldg. 31 commemorates Rep. Claude Denson Pepper, longtime Democratic congressman from Florida and a fierce advocate for the elderly. As you might expect, the name is official (P.L. 100-436) although folks tend to call the building “31” and not “Pepper.” Maybe that’s because all three of its wings are lettered (A,B,C) and it’s quicker to write “31C” than “Pepper-C.”

Other buildings whose names were established by law include:

- 16—Lawton Chiles International House (also known as “Stone House”; Chiles was a Democratic senator and two-time governor from Florida.)
- 38—National Library of Medicine
- 38A—Lister Hill Center for Biomedical Communications (Joseph Lister Hill, a Democrat, represented Alabama as both congressman and senator.)
- 40—Dale and Betty Bumpers Vaccine Research Center (Bumpers, a Democrat, was governor of Arkansas before becoming U.S. senator from 1975 to 1998.)
- 45—William H. Natcher (Democratic representative from Kentucky from 1953 to 1994)
- 49—Silvio O. Conte (a Republican congressman from Massachusetts, 1959-1992)
- 50—Louis Stokes Laboratories (a Democrat, he represented Ohio in Congress 1969-1998.)
- 60—Mary Woodard Lasker Center for Health Research and Education (Lasker was a philanthropist, not a politician.)

Other structures, such as the Wilson House (15K), have names given as descriptors. The Wilson House was formerly the home of Luke I. and Helen Woodward Wilson, who donated it along with 10.8 acres of land in 1942. According to the Office of NIH History, “this was the last in a series of gifts made by Mrs. Luke I. Wilson,



What's in a name? Campus structures named for individuals include (clockwise from above) the Lister Hill Center for Biomedical Communications, shown while it was under construction behind the National Library of Medicine (image courtesy of NLM); Bldg. 40—the Dale and Betty Bumpers Vaccine Research Center; Bldg. 49, named for Silvio O. Conte, viewed from the top floor of Bldg. 50; portico of the Mark O. Hatfield Clinical Research Center's main entrance, seen from the west; and Bldg. 50, the Louis Stokes Laboratories, viewed from the east.



bringing the total to 92 acres. This was the nucleus of the present 306.4-acre reservation.”

Other prominent named buildings include the Edmond J. Safra Family Lodge (Bldg. 65), which opened last spring, and the John Edward Porter Neuroscience Research Center (Bldg. 35), the first phase of which opened unobtrusively several years ago; Porter (R-IL), formerly chaired the House appropriations subcommittee overseeing NIH.

ChildKind (T-46); the Children's Inn (62); East Child Care Center (64); and the R.A. Bloch (of H&R Block tax advice fame) International Cancer Information Center (82) are other buildings that were popularly named.

While it's not a building, there's a public space in front of Bldg. 1: the Paul G. Rogers Plaza, in honor of Rep. Rogers' (D-FL) tireless legislative

support of NIH and advocacy for public health and medical research. At its center is a large stone affixed with a dedicatory plaque reading, in part: “Without research, there is no hope.”

And what of Bldg. 33? On May 2, it was dedicated as the C.W. Bill Young Center for Biodefense and Emerging Infectious Diseases.

On hand for the dedication of the Hatfield CRC 2 years ago, Rep. Young (R-FL), who is chair of the House appropriations subcommittee on defense, called the CRC “a place where good enough is not good enough, and a place where illness and disease will meet their match.” Now there's a place to honor him in his own right. Whether it will go by “33” or the Young Center is anyone's guess.



FICTION COMES TRUE

CONTINUED FROM PAGE 1

Mike Radtke—With appreciation for the good thoughts you sent my way.”

Recently confronted with these words on the frontispiece of *Grant Denied*, Radtke didn't deny his role. He helped the writer, Jennifer Sinclair, a friend, with descriptions of how CSR carries



Mike and Kathie Radtke have now been happily married for almost 3 years.

out its role in screening and judging the grant applications NIH receives. He even jokingly suggested some romance novel plot turns. To his surprise, she used them. The novel was published by Commonwealth Publications in 1996.

But that's not the end of the story. Fiction eventually turned real: Seven years after the book was published, Radtke, a widower, was phoned by a chemist who had gotten a poor score from his bioorganic and natural products chemistry study section. She was every bit as

irate as the fictional applicant, even though another of her grant applications had recently been greeted with enthusiasm in another integrated review group. As he often does, Radtke suggested that the unhappy applicant learn more about the review process by volunteering as an ad hoc review participant. She did.

Some time later, after the review meeting was over and the study section post-meeting emails were history, the two met off-campus. Despite their angry beginnings, they found they liked each other.

As Radtke tells it, “The rest is history.” He and Kathie dated, and “of course, as soon as I kissed her” his study section could no longer review her applications or those of her university. They have now been happily married for almost 3 years, and between them have four grown children. One, Alesia Booth, works in NIH personnel.

Kathie is now a tenured associate professor at the University of Maryland, Baltimore County and has two active NIH grants. Neither was reviewed or influenced by Radtke, he is quick to add. 🍷

milestones

Hankey Retires from NCI After 38 Years

Dr. Ben Hankey, chief of the Division of Cancer Control and Population Sciences' Cancer Statistics Branch since 1989, retired June 30 after 38 years at the National Cancer Institute as a mathematical statistician.



“Ben's leadership in the collection and analysis of high-quality cancer incidence data has been essential to the cancer research enterprise,” said Dr. Robert Croyle, DCCPS director.

Hankey first came to NCI in 1968 while still a graduate student at the University of Pittsburgh. He was invited to work on his thesis by William Haenszel, one of a group of well-known NCI epidemiologists and biostatisticians who was teaching part-time at Pitt.

When he first came to NCI, Hankey shared an office with Nathan Mantel, another member of that group. “He thought that would give me an opportunity to learn something from him,” Hankey said.

His thesis was on the association between stomach cancer and the consumption of various foods in Japanese migrants living in Hawaii. The objective was to identify foods associated with stomach risk, which might also explain changes in risk observed in the migrants as they became more westernized.

He subsequently worked under other well-known NCI biostatisticians, Sid Cutler and Max Myers, in what was then called the end results section. Hankey worked on the development of methods for analyzing survival data and began his involvement with the Surveillance Epidemiology and End Results Program.

He became chief of the Cancer Statistics Branch in 1988, which included responsibility for managing the SEER program. Under his tenure, the branch's accomplishments included wider distribution and use of the SEER public use file for research purposes and a greater emphasis on quality control.

“Under Ben’s leadership, the SEER program was expanded substantially to cover a quarter of the U.S. population, enhancing this extraordinary national research resource,” said Dr. Brenda Edwards, associate director of the Surveillance Research Program in DCCPS.

Hankey is also interested in the creation of tools for integrating cancer surveillance data into the cancer control planning process. The first attempt at this was the creation of State Cancer Profiles, a web-based database that now resides on NCI’s Cancer Control PLANET site. The State database offers rapid identification of areas at the county level where there are opportunities for cancer control.

In retirement, Hankey continues working on a project with Dr. Rocky Feuer and others that involves the development of a tool that provides more meaningful information on patient prognosis to both clinicians and patients using the SEER database.

“Ben Hankey’s career at NCI has been noteworthy in its integration of statistical methodology and epidemiology,” says Edwards, “culminating in the dissemination of cancer statistics that have informed both scientists and the general public about the nation’s progress in cancer control.”

Pioneered Social Science In Dentistry

NIDCR’s Cohen Retires

The way Dr. Lois Cohen tells it, it was happenstance that she got her first postdoc position at the PHS Division of Dental Health (DDH). Some colleagues suggested her for a job there and she was quickly recruited. “I figured, why be in Washington if you can’t have access to national problems, national data, and really have a chance to do something significant?”

So the newly minted Ph.D. began her career as a social science analyst in DDH. Over the years, she became a driving force for incorporating social science research into dentistry and expanding interdisciplinary oral health research around the globe. Cohen, who most recently served as director of NIDCR’s Office of International Health, retired June 2 after 42 years of government service—30 of those spent at NIDCR.



“Lois has been instrumental over the years in advancing our institute’s mission domestically and internationally,” said NIDCR director Dr. Lawrence Tabak. “She’s a dedicated and forward-thinking researcher and science administrator whose contributions to the institute and the field of oral health research are numerous and wide-ranging. Lois has been a leader in integrating the application of the social and behavioral sciences into research for the study of oral health, which has ultimately helped improve public health both in the U.S. and around the world.”

Cohen’s early work concentrated on the social, behavioral, cultural and economic factors that influence oral disease development and oral health care delivery. DDH was vibrant and active, she said, but there were challenges. “It was definitely a challenge being a woman in a then male-dominated working environment,” she said. “And also being a non-dentist in a dental world; there were always certain avenues that were blocked. But the very fact that the division leadership sought out social and behavioral scientists to address their issues was an overriding incentive for me.”

While at DDH, she and her colleagues devised strategies to help overcome the public’s reluctance to adopt water fluoridation as well as to encourage use of topical fluorides and dental sealants in private practices. Her initial studies focused on incentives and barriers facing dentists who wanted to adopt techniques for the early detection of oral cancer. Cohen also launched two international studies in collaboration with the World Health Organization that looked at which national delivery models of care resulted in better oral health status.

In 1976, NIDR director Dr. David Scott recruited her to advise on the relationship between dental health and the social and behavioral sciences. As an advisor, and subsequently as director of the Office of Planning, Evaluation and Communications from 1983 to 1989, Cohen incorporated social and behavioral research into the strategic plans for NIDCR and pioneered major evaluations of the institute’s portfolios in caries research, craniofacial anomalies, biomaterials and centers.

In 1989, she was selected to head the institute’s extramural research program, which faced restricted funds and a budget that was stagnant. “It was not unlike today,” she said. “We needed to figure out ways to keep our enterprise strong and to move the science forward during that time.” To circumvent the budget issues, she worked with the extramural program management community to facilitate public-private partnerships that would help leverage the agency’s resources. Those models for collaborative funding continue to guide other agencies as well.

As head of the Office of International Health, Cohen ensured that global health issues were addressed by global oral health research. “Take Noma, or oral gangrene,” she said, discussing a condition prevalent in Africa. “Why do we study it since we have hardly any cases here? Because you have to understand what it is to be able to prevent it. And, as we all know, diseases can cross borders—they don’t respect geopolitical boundaries.” OIH also served as a WHO Collaborating Center for Dental and Craniofacial Research, functioning as a liaison with agencies involved in global oral health research and training both here and abroad.

Cohen has received numerous honors and awards and her alma mater, Purdue University, conferred its first honorary doctorate to a sociologist in 1989 for her work related to dental health research globally. In retirement she says she may return to ceramics as well as explore other crafts, and is looking forward to more time for reading and extra time with friends and family. In general, she says, she hopes to lead a “more balanced existence.”

Although officially retired, Cohen has been asked to stay and consult for NIDCR part-time. “I’m very committed to what we do here,” she says. “What we’re about is so important and I love being a part of it.”

NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Basic Time & Attendance Using ITAS	8/28
Introduction to NIH Property Management	8/28
NBS Travel System for Organizational Administrators	8/29
Financial Controls & Proper Payments Refresher	8/30
Travel for Admin Officers/Approving Officials	9/5
Travel for NIH Travelers	9/6



Renewal of Partnership to Improve Nation's Visual Health

On June 15, assistant HHS secretary for health Dr. John Agwunobi (l) and (from l) National Eye Institute director Dr. Paul Sieving; Dr. Richard Wallingford, president of the American Optometric Association; and Penelope Slade Royall, deputy assistant secretary for health (disease prevention and health promotion) renewed their partnership to improve the nation's visual health. They signed a memorandum of understanding that outlined their continuing cooperation and joint efforts to improve eye health and implement the vision objectives in Healthy People 2010, led by NEI.

NCI's Kakefuda Mourned

Dr. Tsuyoshi Kakefuda, 77, a cancer researcher for more than 40 years, died June 16 at his home in Potomac, Md.

He was born in Kyushu, Japan, to a family of doctors. His father was the local physician in his town and his mother was an ophthalmologist as well as one of the first few women doctors in modern Japan. His inspiration for public service and health care came from his parents because they would often exchange medical services for food for his family.

Kakefuda received his M.D. and Ph.D. at Tokyo University in the 1950's. As a young scientist and pathologist he was drawn to the emerging technologies in the United States. He decided to move his young family to Los Angeles where he began his research in cancer. His early work involved looking at how carcinogens in cigarette smoke damaged DNA. He developed techniques to image DNA by electron microscopy. After he moved to the National Cancer Institute in 1967, he captured one of the first images of DNA in the process of replicating itself.

For 34 years he worked at NCI, initially in the department of molecular carcinogenesis where he became section chief and later in the Office of International Affairs. He dedicated much of his life to promoting a productive relationship between the U.S. and Japan, becoming executive secretary of the U.S.-Japan Cooperative Cancer Research Program. He was able to enhance a mutually beneficial exchange of science as well as opportunities for Japanese scientists to train in U.S. laboratories. His Japanese colleagues have called him "the ambassador of cancer research."

Kakefuda was thankful for the opportunities provided to him and felt a strong obligation to help young scientists. He became an important liaison between the U.S. and Japanese scientists and often met with Japan's royal family, in particular with Japan's Prince Masahito Hitachi (a fellow cancer researcher in Japan) when he visited Washington.

He published two books in the last years of his life, *Life Science Strategies of NIH* and *Tracking Down the Oncogene*, and was occasionally invited to write a column for the *Asahi Shinbun* newspaper.

Kakefuda was also an avid golfer and initiated the NIH Japanese Golf Club in the D.C. area nearly 30 years ago. The club has since become a social venue for many Japanese expatriates and remains active.

He is survived by his wife of 50 years, Fujiko; a sister, Kumiko Urushiyama of Tokyo; two children, son Genichi Kakefuda of Chapel Hill, N.C., and daughter Mika Derynck of San Mateo, Calif.; and three grandchildren.

A memorial reception will be held at the end of July in the home of Fujiko Kakefuda; details of the arrangement can be obtained at Simple Tribute, (301) 545-0960.



Siblings, One with JRA and One Without

Siblings, one with and one without juvenile rheumatoid arthritis (JRA), are invited to participate in NIH study 03-E-0099. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

Diabetes and Kidney Disease?

Do you have diabetes type 1 or type 2 and kidney disease? If so, take part in an NIH study. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 05-DK-0113.

Siblings, One with Lupus and One Without

Siblings, one with lupus, one without, are invited to participate in NIH study 03-E-0099. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

Gray Platelet Syndrome Study

Join an NIH study of gray platelet syndrome. Call (301) 594-4181 (TTY 1-866-411-1010).

Siblings, One with Systemic Sclerosis, One Without

Siblings, one with systemic sclerosis, one without, are invited to participate in NIH study 03-E-0099. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

HIV-Positive Volunteers

HIV-positive volunteers who are off anti-HIV medications, CD4+ 350 or greater, without hepatitis B or C, are needed for a research study. Financial compensation is provided. Call 1-866-444-2214 or TTY 1-866-411-1010. Refer to study 05-I-0065.

Siblings, One with Myositis, One Without

Siblings, one with myositis, one without, are invited to participate in NIH study 03-E-0099. Compensation is provided. Call 1-866-444-2214 (TTY 1-866-411-1010).



Friends and colleagues who gathered to honor Dr. Ellis Kempner (third from r) included (from l) Dr. Marshall Nirenberg, Dr. Werner Schlegel, Dr. Sidney Fleischer, Dr. A. Catherine Ross, Dr. Shelagh Ferguson-Miller, Dr. Donald Caspar and Dr. Henry Metzger.

NIAMS's Kempner Retires After Long Career

Dubbed "Kempner Fest" by the many friends in attendance, a symposium marking the retirement of Dr. Ellis S. Kempner, head of the NIAMS macromolecular biophysics section, was held Apr. 21 in the Bldg. 50 auditorium. Dr. John O'Shea, NIAMS scientific director, summed up a remarkable career in his opening remarks: "You don't have to publish with Kempner to win a Nobel prize, but it sure does help." The symposium, attended by many long-time NIH'ers, honored Kempner's many accomplishments and celebrated an outstanding 47-year government career.

Kempner earned his Ph.D. in biophysics from Yale in 1958, and shortly thereafter joined the Public Health Service Commissioned Corps. During his first 10 years in research at NIH, he studied "strange bugs": bacteria that grow in unusual environments such as high temperature, high salinity or high acidity. The next decade was devoted to the study of *Euglena gracilis*, a photosynthetic protozoan. Kempner showed that in these living cells, all macromolecules were bound to larger structures; there were no freely floating macromolecules. Since then, he has spent nearly 30 years in his area of expertise: "radiation inactivation," wherein the function-structure relationship of proteins and other biological macromolecules is determined by radiation target analysis.

Kempner has collaborated over the years with three Nobel prize winners: Dr. Marshall Nirenberg, Dr. Martin Rodbell and Dr. Stanley Prusiner.

Beyond the realm of office and laboratory, Kempner was active in the Biophysical Society for 50 years and was a member of the Civil Service Board of Examiners in Physics for 5 years. He served on two NIH Equal Employment Opportunity committees, was awarded an NIH Director's Award in 1997 and has published over 150 articles.

Kempner, who plans to continue projects after taking a cruise vacation, says he could write 100 pages of "incredible moments" in his career. "It has been both wonderful and unusual." He has been constantly surrounded, he said, "by wonderful and brilliant researchers, many of whom went on to achieve greatness in science and have become lifelong friends." ●



Transportation Fair Offers Commuter Alternatives

Despite torrential rains on June 27, NIH's Division of Travel and Transportation Services brought together several area commuter service agencies for the NIH Transportation Fair in Bldg. 45.

Top left, right:

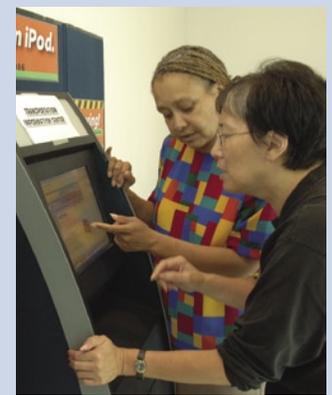
Want to win an iPod? Coin the winning name for the new "Transportation Information Center" now operational in the Natcher hallway. In collaboration with the Montgomery County commuter services division, NIH is providing a permanent, free Internet kiosk with direct links to eight transportation options including the NIH shuttle, Metro and Montgomery County real-time traffic video updates. Shown are Laura Chin (l) and Linda Provost of Montgomery County commuter services at the new kiosk.

Middle left:

Choosing who had the coolest giveaways was a tough call. The Transshare Program offered coffee mugs urging a switch to mass transit: "Calculate your daily commuting costs—Number of miles (round trip) x 52 cents." Marie Taboada holds Transshare freebies.

Middle right:

Stressbuster gadgets included the Child Care Program's lava-lamp-like key chains. "We're giving these out because we feel it improves the science at NIH," quipped Mary Ellen Savarese. "Watch it, breathe deeply, feel yourself relaxing. That's how we know it's scientific." Child Care group and visitors include (from l) Joy Gaines and Savarese (both with CCP); and Rashida Means, Dan Harsh, Kevin Ireland and Shannon Jackson, all of NIAID.



Above:

The Metropolitan Washington Council of Governments recognized the NIH/NOAA Recreation and Welfare Association and the NIH Bicycle Commuter Club for having the highest Bike to Work Day participation in the D.C. area. "If every business had a club like NIH, the world would be a lot different," said Eric Gilliland of the Washington Area Bicyclist Association. "The folks at EPA [Environmental Protection Agency] are coming after you next year," he quipped, issuing a friendly challenge. NIH beat out America Online, last year's winner, as well as the EPA. Accepting on behalf of NIH was NIMH's Dr. Samantha Smith (2nd from l), representing the Bicycle Commuter Club. Others on hand for the presentation include Nicholas Ramfos (l) of Metropolitan Washington COG Commuter Connections; Charles Butler (front, c) of the Clinical Center; Gilliland (back, c); Gary Freeman (3rd from r), DTTs program specialist; and Maggie Thompson (r) of WABA.

PHOTOS: BILL BRANSON